

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/5/03

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91168 040 \*\*\*\*61.25

**DOCUMENT # N01000003118**

1. Entity Name

**INNER CITY GRASSROOTS CIVIC COALITION, INC.** ✓



Principal Place of Business

1839 N.W. 81ST STREET  
MIAMI FL 33147

Mailing Address

1839 N.W. 81ST STREET  
MIAMI FL 33147

**55049156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **02-0625427**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMIDULLAH, HANEEF**  
**1839 N.W. 81ST STREET**  
**MIAMI FL 33147**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **HAMIDULLAH, HANREF**  
STREET ADDRESS **1939 NW 81 ST**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **HAMIDULLAH, BARBARA**  
STREET ADDRESS **1939 NW 81 ST**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PEARSON, COREY**  
STREET ADDRESS **110 SE 4 AVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PATRICK, KENNETH K**  
STREET ADDRESS **1901 NW 81 ST**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SMITH, WILLIE C**  
STREET ADDRESS **12325 NW 19 AVE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Daneq Thomasullah* 5/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)